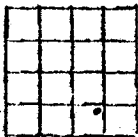


00162

COUNTY Jackson



sec. 29 T. 49 R. 33

Owner Menorah Hospital

Elev. 843.3 MGS# 2457

Form do No. 1 TD 815 Shows 049 Spls. ✓

Date _____
Status _____ Completed 7-1-31 FmCID _____

Remarks: prod-gas
ABN


**MISSOURI OIL AND GAS COUNCIL
PLUGGING RECORD**

OWNER Stowers Institute for Medical Research				ADDRESS 1000 E. 50th K.C., MO.	
NAME OF LEASE Menorah Hospital - Fee				WELL NUMBER 1	PERMIT NUMBER (OGC-3 OR OGC-3I NUMBER)
LOCATION OF WELL NE,SW,SE Sec 29, Twp 49, Rge 33				SEC-TWP-RNG OR BLOCK & SURVEY Jackson	
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Menorah Hospital				HAS THIS WELL EVER PRODUCED OIL OR GAS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) unknown GAS (MCF/DAY) Unknown
DATE ABANDONED 2-16-00	TOTAL DEPTH 540		AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) unknown GAS (MCF/DAY) unknown		WATER (BBLS/DAY)
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment.		Fluid content of each formation		Depth interval of each formation	
Squirrel?		oil-gas, water		unknown 540'	
				cement through Tremie inside two	
				inch tubing 540' - 0', 108 sacks	
				cement pumped through Tremie from	
				350' to the surface.	
SIZE PIPE	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)	PACKERS AND SHOES
3/8"		540	0	pulled 100%	
1"		540	0	pulled 100%	
2"			540-left in but cement placed inside & out!		
WAS WELL FILLED WITH MUD-LADEN FLUID?				INDICATE DEEPEST FORMATION CONTAINING FRESH WATER	
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE					
NAME		ADDRESS		DIRECTION FROM THIS WELL	
METHOD OF DISPOSAL OF MUD PIT CONTENTS		Vacuum Truck removal and disposal by: Environmental Specialists, Inc. 3001 East 83rd St. Kansas City, MO 64132			
NOTE		FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)			
CERTIFICATE I, the undersigned, state that I am the <u>President</u> of the <u>EVANS Energy Dev. Inc.</u> (Company), and that I am authorized by said company to make this report; and that this report was prepared under supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.					
SIGNATURE <i>Scott A. Evans</i>					DATE 2-17-00


**MISSOURI OIL AND GAS COUNCIL
PLUGGING RECORD**

OWNER Stowers Institute for Medical Research				ADDRESS 1000 E. 50th K.C., MO.			
NAME OF LEASE Menorah Hospital - Fee				WELL NUMBER 1		PERMIT NUMBER (OGC-3 OR OGC-3I NUMBER)	
LOCATION OF WELL NE,SW,SE Sec 29, Twp 49, Rge 33				SEC-TWP-RNG OR BLOCK & SURVEY		COUNTY Jackson	
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Menorah Hospital				HAS THIS WELL EVER PRODUCED OIL OR GAS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBL/DAY) unknown GAS (MCF/DAY) Unknown	
DATE ABANDONED 2-16-00		TOTAL DEPTH 540		AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBL/DAY) unknown GAS (MCF/DAY) unknown		WATER (BBL/DAY)	
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment.		Fluid content of each formation		Depth interval of each formation		Size, kind, & depth of plugs used, give amount cement.	
Squirrel?		oil-gas, water		unknown 540'		pumped 20 sacks	
				cement through Tremie inside two			
				inch tubing 540' - 0', 108 sacks			
				cement pumped through Tremie from			
				350' to the surface.			
SIZE PIPE	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)		PACKERS AND SHOES	
3/8"		540	0	pulled 100%			
1"		540	0	pulled 100%			
2"				540-left in but cement placed inside & out!			
WAS WELL FILLED WITH MUD-LADEN FLUID?				INDICATE DEEPEST FORMATION CONTAINING FRESH WATER			
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE							
NAME				ADDRESS		DIRECTION FROM THIS WELL	
METHOD OF DISPOSAL OF MUD PIT CONTENTS				Vacuum Truck removal and disposal by: Environmental Specialists, Inc. 3001 East 83rd St. Kansas City, MO 64132			
NOTE				FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)			
CERTIFICATE ▶ I, the undersigned, state that I am the <u>President</u> of the <u>EVANS ENERGY DEVELOPMENT</u> (Company), and that I am authorized by said company to make this report; and that this report was prepared under supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.							
SIGNATURE <u>Scott A. Evans</u>						DATE 2-17-00	

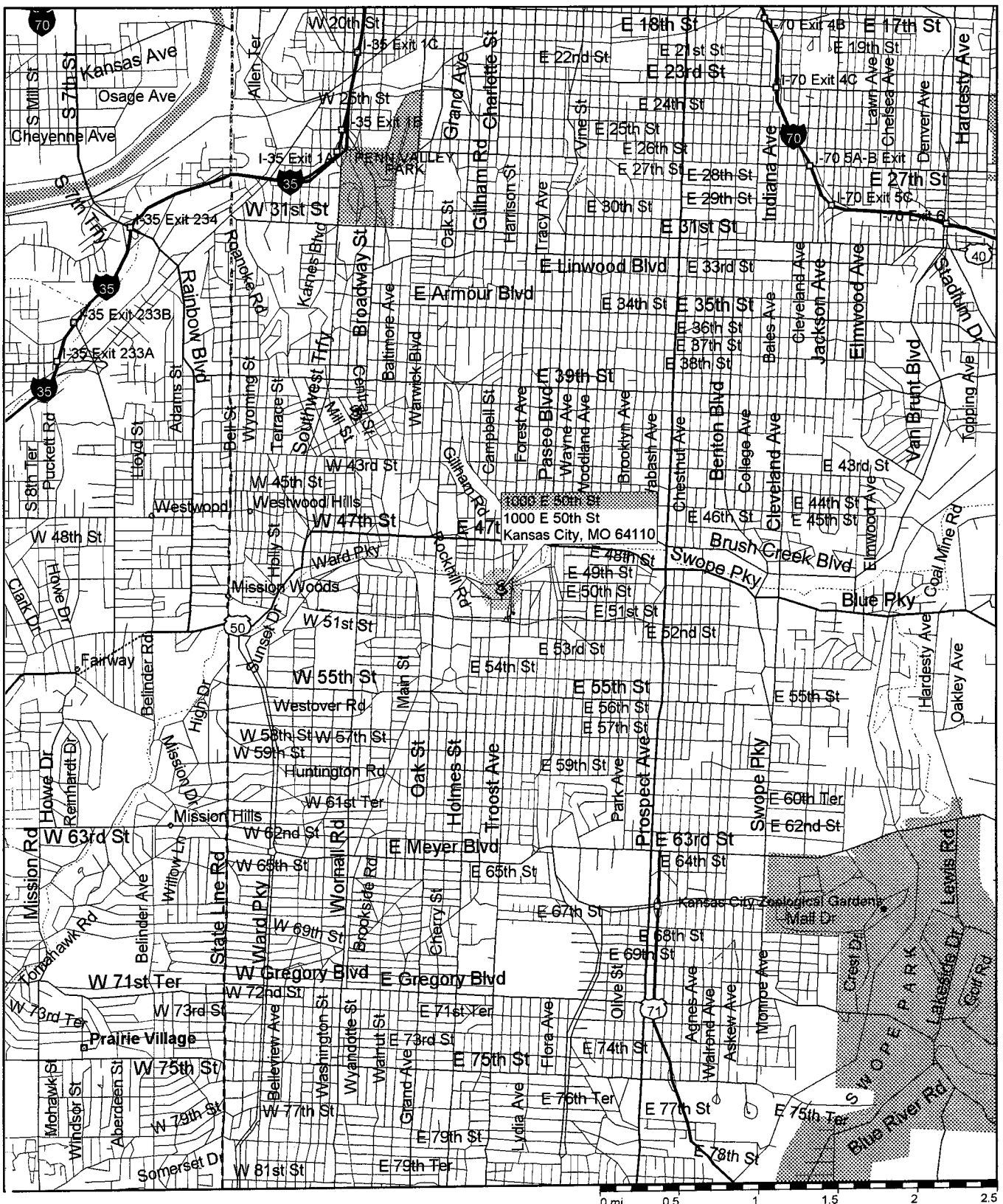
MO 780-0217 (10-97)

REMIT TWO COPIES TO: MISSOURI OIL AND GAS COUNCIL, P.O. BOX 250, ROLLA, MO 65401

[illegible]

AO Oil & Gas Council

mike householder
abandoned gas well



Streets98



CONAME	COUNTY	WELL TYPE	WELL STAT	OGCNUMBER	TOWNSHIP	RANGE	SECTION	SURVEY1	OC1	SURVEY1	OC2
KELLY	JACKSON	8NF		01629	49	33	29	SE	SW	NW	
MENORAH HOSPITAL	JACKSON	8FU		00162	49	33	29	NE	SW	SE	

LEASENAME		ACTUAL TD
FEE		635
FEE		815

Header Data

Log # 002451 Owner: MENORAH HOSPITAL #1 St: MO Cnty: JACKSON
 Alias: NE SW SE TRS: S29 T49N R33W
 Type well: Gas Well Lat.:
 Type log: DR Long.:
 Driller: Quad: UNKNOWN
 Driller License #: Date: / Confidential: N Release Dt. /
 Logger: HUNDHAUSEN Date: 06/1935
 Elev.: 843 Elev.S Yield: 0 SWL:(a) H2O @:
 T.D.: 815 base: DrDwn: SWL:(b)
 Bedrock at: 15 Samples saved: Y Int. cored: 0 to 0
 Top Fm.:
 Bot Fm.:
 Problems:
 Remarks:

Stratigraphy Data

Log #: 002451	Top	Base Name	--Lith--			-----Minerals-----					
			Pr	Sc	Mn	Pri	Oc	Sec	Oc	Mnr	Oc
15	735	UNKNOWN	SS	LS	SH		0		0		0
735	770	ST LOUIS LIMESTONE	LS	SS	CH		0		0		0
770	815	WARSAW FORMATION	LS	CH	SS		0		0		0

Printed on 05/17/94 at 14:27:25.



STATE OF MISSOURI
OFFICE INFORMATION MEMO

DATE 2/11/80 TIME 11:39 ☐ AM ☐ PM

TO	<u>Sherril Stoner</u>		
FROM	<u>Scott Evans</u>		
PHONE NO.	<u>913-557-9083</u>		
RECEIVED BY	<u>voice mail</u>		
DEPARTMENT OR DIVISION			
DEPARTMENT OR COMPANY			

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Called/was here to see you | <input type="checkbox"/> Wants to see you | <input type="checkbox"/> Will call again |
| <input type="checkbox"/> Wants you to call | <input type="checkbox"/> URGENT | <input type="checkbox"/> Returned your call |
| <input type="checkbox"/> Prepare for my signature | <input type="checkbox"/> For your information | <input type="checkbox"/> Review |
| <input type="checkbox"/> Take necessary action | <input type="checkbox"/> For your signature | <input type="checkbox"/> As requested |

REMARKS/MESSAGES

plug well
near plaza in KC
on Mon - will
call Mon



STATE OF MISSOURI
OFFICE INFORMATION MEMO

TIME ☐ AM ☐ PM

TO	<u>Sherril</u>		
FROM	<u>Scott Evans</u>		
PHONE NO.	<u>913-557-9083</u>		
RECEIVED BY			
DEPARTMENT OR DIVISION			
DEPARTMENT OR COMPANY			

- | | | |
|---|---|---|
| <input type="checkbox"/> Called/was here to see you | <input type="checkbox"/> Wants to see you | <input type="checkbox"/> Will call again |
| <input type="checkbox"/> Wants you to call | <input type="checkbox"/> URGENT | <input type="checkbox"/> Returned your call |
| <input type="checkbox"/> Prepare for my signature | <input type="checkbox"/> For your information | <input type="checkbox"/> Review |
| <input type="checkbox"/> Take necessary action | <input type="checkbox"/> For your signature | <input type="checkbox"/> As requested |

REMARKS/MESSAGES

left message Fri
thru gungy gas well
on Plaza in KC
tomorrow.

API W

00162

Constru

Mineral hospital
W end of
prop

1000 E 50th St. -

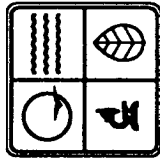
Volcan Blvd E
Rockhill Rd

Tax: 816-926-4107-

Mike Hornsolder -

816-926-4102.

Sec 29. 49 N
33 W



MISSOURI DEPARTMENT OF NATURAL RESOURCES
FAX Transmittal Cover Sheet

Date of Fax: 2/9/2000

- | |
|---------------------------------------|
| <input type="checkbox"/> URGENT |
| <input type="checkbox"/> Priority |
| <input type="checkbox"/> Routine |
| <input type="checkbox"/> As Requested |
| <input type="checkbox"/> FYI |

To: Mike Householder

From: Mo Orr

Sherri Stoner

FAX: 816-926-4107 Phone: _____

FAX: 573-368-2111 Phone: 573-368-2195

SUBJECT: _____

COMMENTS: We had this on file - Show this to
Whom ever is to Plug the well.

RESPONSE EXPECTED: _____

Total # of pages sent (including transmittal sheet): 2 If problems with FAX call: _____

